

UNITED STATES DISTRICT COURT

for the

REC'D 230113AM1144MDG7-ATH

Steve Simonds, - PRO SE
 Plaintiff/Petitioner }
 See "defendants" Page 1) Civil Action No.
Defendant/Respondent)

**APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS
(Short Form)**

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

In support of this application, I answer the following questions under penalty of perjury:

1. If incarcerated. I am being held at:

If employed there, or have an account in the institution, I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months.

2. If not incarcerated. If I am employed, my employer's name and address are:

Retired - Steve Simonds. Plaintiff - Pro se

My gross pay or wages are: \$ 23,000 /yr and my take-home pay or wages are: \$ 5,000 per
 (specify pay period) year.

3. Other Income. In the past 12 months, I have received income from the following sources (check all that apply):

- (a) Business, profession, or other self-employment
- (b) Rent payments, interest, or dividends
- (c) Pension, annuity, or life insurance payments
- (d) Disability, or worker's compensation payments
- (e) Gifts, or inheritances
- (f) Any other sources

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Yes (Excluded) Above	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

Retired from County govt & compensated
 \$6,000 per year (MOU)

Steve Simonds
 Pro se

4. Amount of money that I have in cash or in a checking or savings account: \$ 11,000.

5. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name (describe the property and its approximate value):

① 2007 - NISSAN Frontier - \$7,000

② Own my home M/tge with Wells Fargo,
owe \$50,000 ¹² (MOL)

6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses (describe and provide the amount of the monthly expense):

① Own my Home @ 1518 Longbow Dr., Lakeland, FL. 33810
Amt of my mtge is approximately \$50,000.00
② water/sewer - \$100 monthly, ③ electric - \$150.00 ④ cable - \$160.
⑤ homeowners insurance - \$180 monthly, taxes - \$140 per quarter monthly, ⑥ car - \$180 monthly.

7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support:

N/A

⑤ car insurance - \$100 monthly
⑥ medication - \$60 monthly
⑦ Food - \$500 monthly
⑧ GAS - \$200 monthly
⑨ Maintenance on truck - \$60 monthly
⑩ W.A. & garage on home - \$310 monthly

⑪ clothing - \$60 monthly
⑫ Hair cut - \$40 monthly

Mtge - Wells Fargo, \$400 monthly
Home owner ins. - \$180 monthly
total amt owed is approximately \$50,000

Declaration: I declare under penalty of perjury that the above information is true and understand that a false statement may result in a dismissal of my claims.

Date: Jan. 8, 2023

Steve Simonds - Pro Se
Applicant's signature
Steve Simonds Pro Se
Printed name

UNITED STATES DISTRICT COURT

for the

Doris Rosenberger (mrs chil) - NO INCOME
 Plaintiff/Petitioner }
See "defendants" page 1 } Civil Action No.
 Defendant/Respondent }

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS
(Short Form)

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

In support of this application, I answer the following questions under penalty of perjury:

1. If incarcerated. I am being held at: Dept of Family and Chil/eng Spec
 If employed there, or have an account in the institution, I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months.

Athens, GA

2. If not incarcerated. If I am employed, my employer's name and address are:

My gross pay or wages are: \$ ✓, and my take-home pay or wages are: \$ X per
 (specify pay period) ✓.

3. Other Income. In the past 12 months, I have received income from the following sources (check all that apply):

(a) Business, profession, or other self-employment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Rent payments, interest, or dividends	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(c) Pension, annuity, or life insurance payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(d) Disability, or worker's compensation payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(e) Gifts, or inheritances	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(f) Any other sources	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

AO 240 (Rev. 07/10) Application to Proceed in District Court Without Prepaying Fees or Costs (Short Form)

4. Amount of money that I have in cash or in a checking or savings account: \$ N/H

5. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name (describe the property and its approximate value):
N/H

6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses (describe and provide the amount of the monthly expense):
N/H

7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support:
N/H

8. Any debts or financial obligations (describe the amounts owed and to whom they are payable):
N/H

Date: 1/17/2023

Darley is my custodian of DPOE
Address: 66 Juleson Lane, New Haven, CT 06511
My signature is my electronic signature.

Applicant's signature

Darley Rosenberg
Printed name

Stephanie Monroe